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PTO/SB/05 (4/98)

Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))	Attorney Docket No.	11-184
	First Inventor or Application Identifier	OKUMURA
	Title	TIRE AIR PRESSURE MONITORING SYSTEM
	Express Mail Label No.	

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Commissioner for Patents Mail Stop Patent Application Alexandria, VA 22313-1450
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1. ☒ * Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Specification [Total Pages **18**]
- Descriptive title of the Invention
 - Cross Reference to Related Applications
 - Background of the Invention
 - Summary of the Invention
 - Brief Description of the Drawings
 - Detailed Description of the Preferred Embodiment
 - Claims
 - Abstract of the Disclosure
3. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets **5**]
4. Oath or Declaration [Total Sheets **3**]
- a. ☒ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 C.F.R. § 1.63 (d))
(for continuation/divisional with Box 16 completed)
- i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting
inventor(s) named in the prior application,
see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

***NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY
FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT
IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)**

5. ☐ Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
- a. ☐ Computer Readable Copy
- b. ☐ Paper Copy (identical to computer copy)
- c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS


7. ☒ Assignment Papers (cover sheet & document(s))
8. ☐ 37 C.F.R. § 3.73(b) Statement
(when there is an assignee) ☐ Power of Attorney
9. ☐ English Translation Document (if applicable)
10. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)
(should be specifically itemized)
- *Small Entity
13. ☐ Statement(s) ☐ Statement filed in prior application,
(PTO/SB/09-12) Status still proper and desired
14. ☒ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
15. ☐ Other:

16. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: _____

Prior application information: Examiner: _____ Group/Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS			
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Name (Print/type)	DAVID G. POSZ	Registration No. (Attorney/Agent)	37,701
Signature		Date	September 9, 2003

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22151 U.S. PTO
10/657164

09/09/03

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<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2003</h2> <p style="margin: 5px 0 0 40px;"><i>Patent fees are subject to annual revision.</i></p>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	
		Filing Date September 9, 2003	
		First Named Inventor OKUMURA	
		Examiner Name	
		Group/Art Unit	
TOTAL AMOUNT OF PAYMENT		Attorney Docket No. 11-184	
		<div style="display: flex; justify-content: space-between;"> (S) 790 </div>	

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																																																																																																																																																																								
<p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number 50-1147</p> <p>Deposit Account Name POSZ & BETHARDS, PLC</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>	<p>3. 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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type) DAVID G. POSZ	Registration No. (Attorney/Agent) 37,701	Telephone (703) 707-9110	
Signature		Date September 9, 2003	

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